

Case Number:	CM14-0198949		
Date Assigned:	12/22/2014	Date of Injury:	11/11/2005
Decision Date:	01/27/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 66-year-old female with a date on injury on November 11, 2005 due to cumulative trauma to the upper extremity. She is status post bilateral de Quervain's release in 2006 and status post right shoulder subacromial decompression on March 29, 2007. Electrodiagnostic studies of the upper extremity on June 14, 2011 were negative. Omeprazole has been prescribed since at least 2011. She is diagnosed with bilateral shoulder impingement, degenerative disc disease, and cervicgia. The patient was seen on October 20, 2014 at which time she complained of pain at the right side of her neck radiating to the right shoulder. The pattern is not any different than what she has described in the past. The patient reported that her right shoulder has flared up over the past few months. She does not recall any new injury to her shoulder and has not had any recent treatments for this problem. Current medication consist of atenolol, omeprazole and Lisinopril. On examination, she had a negative supraspinatus sign and negative O'Brien's maneuver at the right shoulder. Motor strength was 5/5 for the right shoulder, elbow, wrist and the right-hand intrinsic musculature and the thenar musculature. Neck flexion and right or left rotation combined with flexion did not reproduce her pain as she already has pain in the right aspect of neck, posterior shoulder, and lateral aspect of the right upper arm. Shoulder x-rays revealed prior subacromial decompression. There was no evidence of AC joint osteoarthritis and no narrowing of the subacromial space was noted. No glenohumeral joint osteoarthritic changes were appreciated. Cervical spine x-rays revealed mild C4-5, C5-6 and C6-7 disc space narrowing. No spondylolisthesis was noted throughout the cervical spine. There was left-sided mild C4-5, C5-6 and C6-7 neural foraminal narrowing. Treatment plan was to continue omeprazole 20 mg one tablet daily. Recommendation was made for chiropractic treatment x 10 for the cervical spine. Utilization review was performed on November 4, 2014 at which time x-

rays performed on October 20, 2014 were noncertified. Chiropractic treatment for the cervical spine was certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Omeprazole 20mg once a day #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation <http://www.mayoclinic.org/healthy-living/nutrition-and-healthy-eating/expert-blog/heartburn-and-b-12-deficiency/bgp-20091051>

Decision rationale: According to the California MTUS guidelines, proton pump inhibitors may be supported if patient is at risk for gastrointestinal events such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the medical records do not establish that the patient is at high risk for gastrointestinal events or has current gastrointestinal complaints. It should be further noted that per evidence based guidelines, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture and also lead to vitamin B12 deficiency. The patient has been prescribed omeprazole since at least 2011. The request for Omeprazole 20mg once a day #90 is not medically necessary.

X-rays for shoulder (retrospective DOS 10/20/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (www.odg-twc.com/odgtwc/shoulder.htm#radiography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The medical necessity of shoulder X-rays performed on October 24, 2014 has not been established. The medical records indicate that the patient has undergone prior right shoulder surgery in 2007. She presented on October 24, 2014 complaining of a flare-up. She did not recall a recent injury and indicated that she has not had any recent treatment for her flare-up. The medical records did not establish any evidence of red flags on clinical examination that would support x-rays of the shoulder. In the absence of red flags and attempts to address the recent flare-up, plain film x-rays taken on October 24, 2014 would not have been medically necessary

X-rays cervical spine (retrospective DOS 10/20/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The medical necessity of x-rays performed on October 20, 2014 has not been established. The patient presented complaining of neck pain. However, there was no evidence of injury or red flags on clinical examination to support plain film imaging. Furthermore, the request was made and certification was rendered for a course of chiropractic treatments for the cervical spine. In the absence of red flags and completion of conservative care management, imaging would not have been supported. Therefore, x-rays for the cervical spine on October 20, 2014 is retrospectively not medically necessary.